

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90102 038 \*\*\*150.00

0212540

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 685093

1. Corporation Name OPTIMUM INVESTMENTS CORP.

Principal Place of Business 5600 SW 75 AVE. MIAMI FL 33143

Mailing Address 5600 SW 75 AVE. MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/22/1980

4. FEI Number 59-2377915 Applied For Not Applicable

2. Principal Place of Business 21 1414 NW 107 AVE

2a. Mailing Address 26 1414 NW 107 AVE

22 Suite, Apt. #, etc. 4TH FLOOR

27 Suite, Apt. #, etc. 4TH FLOOR

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State MIAMI, FL

28 City & State MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33172 25 Country USA

29 Zip 33172 30 Country

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODIE, SIDNEY Z 7270 NW 12 ST. MIAMI FL 33126

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD CAPO, GERARDO DELETED STREET ADDRESS 5600 SW 75 AVE. CITY-ST-ZIP MIAMI FL

1.1 TITLE PTD Change Addition 1.2 NAME CAPO, Gerardo 1.3 STREET ADDRESS 5025 COLLINS AVE, APT. 1001 1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE 1 FEW 7-33 DELETED STREET ADDRESS CITY-ST-ZIP

2.1 TITLE VP Change Addition 2.2 NAME CAPO, CATHERINE 2.3 STREET ADDRESS 2642 COLLINS AVE APT. 412 2.4 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

3.1 TITLE Sec. CAPO, CHRISTINE Change Addition 3.2 NAME CAPO, CHRISTINE 3.3 STREET ADDRESS 19062 NW 23 PL. 3.4 CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETED STREET ADDRESS CITY-ST-ZIP

6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 5130501 EAT 212 Date Daytime Phone #

CR2E034 (11/98)